

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/27/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155148		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/22/2011	
NAME OF PROVIDER OR SUPPLIER NORTH PARK NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 650 FAIRWAY DR EVANSVILLE, IN 47710			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint number IN00100722.</p> <p>This visit was in conjunction with the post survey revisit [PSR] to the Investigation of Complaint number IN00097310, completed on 10/3/11.</p> <p>This visit was in conjunction with a PSR to the Recertification and State Licensure Survey and the PSR to the Investigation of Complaint number IN00097893, completed on 11/10/11.</p> <p>Complaint number: IN00100722, Substantiated, No deficiencies related to the allegations are cited.</p> <p>Survey dates: December 20-22, 2011</p> <p>Facility number: 000069 Provider number: 155148 AIM number: 100288980</p> <p>Survey team: Diane Hancock, RN</p> <p>Census bed type: SNF 6 SNF/NF 86 Total 92</p> <p>Census payor type: Medicare 12 Medicaid 70 Other 10 Total 92</p> <p>Sample: 3</p>			F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	<p>Continued From page 1</p> <p>North Park Nursing Center was found to be in compliance with 42 CFR part 483, subpart B and 410 IAC 16.2 in regard to the Investigation of Complaint number IN00097310.</p> <p>Quality review completed 12/26/11 Cathy Emswiller RN</p>			F 000			